| HEALTH STATUS                             | nent 22-3 Filed 06/27 |                                           |
|-------------------------------------------|-----------------------|-------------------------------------------|
| Facility: 15105                           | ame: Kugh, C          | edric.                                    |
| Date: 16/5/99                             | umber: $1(2373)$      | Race:(B) W H Other                        |
|                                           | ge: <u> </u>          | Birth: Sext M                             |
| Allergies:                                |                       |                                           |
|                                           | ne Food F             | landler Approved: YN                      |
| Chronic Conditions/ Problems:             | 0                     |                                           |
| Current Medications - Name, Dosage, Frequ | ncy. Duration:        |                                           |
| Acute Short-term Medications:             |                       |                                           |
| Chronic Long-term Medications:            | I/me -                |                                           |
| 7                                         | ne                    |                                           |
| Chronic Psychotropic Medications          |                       |                                           |
| Current T                                 | 1/me                  |                                           |
| Current Treatments:                       |                       |                                           |
| Follow-up Care Needed:                    |                       |                                           |
| Physical Disabilities/Limitations:        | lical problems or     |                                           |
| Assistive Devices/Prosthetics:            | ne Glasse             | es: No Contacts: No                       |
| Mental Health History/Concerns:           |                       | es: <u>No</u> Contacts: <u>No</u>         |
| Substance Abuse: Y/N Alcoho               | Y / N Drugs:          | Y/N                                       |
| Hx Suicide Attempt: Date:/_               | <u>/</u> =            |                                           |
| Hx Psychotropic Medication                |                       | muus ni /                                 |
| Previous Psychiatric Hospitalizatio       |                       | mmy 0 0 Date: 10, 5, 9                    |
| TRANSFER RECEPTION SCREENING              | G Receiving           | - 1/6:                                    |
| Date:5 1/91 00 Time: AM PI                | Facility:             | nablson                                   |
| S: Current Complaint:                     | P: Disposition        | on: (Instructions: Check or circle as app |
| Current Medications/Treatment:            |                       | Routine, Sick Call Instructions Given     |
|                                           |                       | Emergency Referral                        |
|                                           |                       | HIV/TB Instruction Given                  |
| Physical Appearance/Bahari                |                       | Physician Referral: Urgent / Routine      |
| D: Physical Appearance/Behavior:          | _                     | Medication Evaluati                       |
|                                           |                       | Work/Program Limi                         |
| Behavior, Galm-Corperative                |                       | Special Housing Specialty Referrals       |
| Deformities: Acute/Chronic:               | _                     | Chronic Clinics                           |
| T 91 P 7 R 16 B/P 110 / 70                |                       | Mental Health OTHER                       |
| :                                         | <b></b>               | Infirmary Placement                       |
| 2007 a79/2                                | Other:                | 7)                                        |

Hack

| INTRASY                                                                        | STEM RANSFER FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PILLY OLIVER                                                                   | Name: Pigh (late)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| i ranstemng                                                                    | Number: 1802/373 Race B W H Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 15 26 66                                                                       | Age: 23 Date of Birth: Sex(M)F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Time:AM PM                                                                     | Food Handler Approved: Y / N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Allergies:                                                                     | Food Handler Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Current Acute Conditions/Problems:                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Chronic Conditions/ Problems:                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name Process Employee                                                          | uency Duration:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Current Medications - Name, Dosage, Freq<br>Acute Short-term Medications:      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Acute Snon-term Medications.                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Madigations:                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Chronic Long-term Medications:                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Chronic Psychotropic Medication                                                | s: <del>D</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Current Treatments:                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Follow-up Care Needed:                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                | ms Last Physical: 212019                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Last PPD: <u>7-30-98</u> Results <u>O</u> m                                    | - :- Baiamale:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Chronic Clinics:                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Significant Medical History:                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Physical Disabilities/Limitations:                                             | D. Committee D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Assistive Devices/Prosthetics:                                                 | Glasses: 40 Contacts: 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Health Bioton/Concerns                                                         | TWAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Substance Abuse: Y N Alcoho                                                    | ol: (Y)/ N Drugs: (Y) N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Hx Suicide Attempt: Date:/_                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Hx Psychotropic Medication                                                     | Sympathics and Title Date 10,29,97                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Previous Psychiatric Hospitalization                                           | ONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| TRANSFER RECEPTION SCREEN                                                      | NG Receiving R.R.C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Date: 1012958 Time: 1720 AM 6                                                  | M P: Disposition: (instructions: Check or circle as appropriate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| S: Current Complaint Mone                                                      | Routine. Sick Call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3. Cultur Obinplant                                                            | Instructions Given Emergency Referral                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Current Medications/Treatment:                                                 | - In the state of  |
| None 192#                                                                      | Physician Referral:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                | Urgent / Routine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                | Medication Evaluation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| O:Physical Appearance/Behavior.  () our () ou factor                           | Work/Program Limitation Special Housing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| () our () au factor                                                            | Specialty Referrals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                | Chronic Clinics                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                | - Company Comp |
| Deferring: Acute/Chronic:                                                      | Mental Health                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Deformities: Acute/Chronic:                                                    | OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| + 994 P 84 R 20 B/P (40/ 82                                                    | OTHER Infirmary Placement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Deformities: Acute/Chronic:  T 994 P 84 R 20 B/P (401 82  A: New emmete screen | OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

#### CORRECTIONAL MEDICAL SERVICES

#### INTERDISCIPLINARY PROGRESS NOTES

| Patient<br>Name | Lug  | h. Cedric I.D. # 182373 Institution VCF |                                         |
|-----------------|------|-----------------------------------------|-----------------------------------------|
| DATE            | TIME | NOTES                                   | SIGNATURE                               |
| 2-19-           | 18   | Note July Commyan )                     |                                         |
|                 |      | noted 41998 Coffmon 920)                | 4                                       |
|                 |      | July cross modified                     | 1                                       |
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| FORM #7113      | 8/94 |                                         |                                         |

#### **CORRECTIONAL MEDICAL SERVICES**

#### **INTERDISCIPLINARY PROGRESS NOTES**

| (<br>Patient<br>Name _ | P            | ogh, Cedric 1.D. # 182373 Institution VCF |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------|--------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DATE                   | TIME         | NOTES                                     | SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| 9-09                   |              | RECD DUCE                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 2/20198                | 1300         | S- "In need a sharing profile: Him        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| !                      |              | Yace Greaks out. "                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                        | ·····        | O-B/M to Hal requesting shaving profi     | lo i                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                        |              | Slight facial irritation noted 5 aking    | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                        |              | Celloters.                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                        |              | A - Impaired Skin Stategetty              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                        |              | P- Shaving profile alnied - SNA           | aPR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|                        |              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                        |              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| -                      |              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                        | <del> </del> |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                        |              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                        |              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                        |              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                        |              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| -                      |              |                                           | Constitution of the second of |
|                        |              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|                        |              |                                           | Chicago share and a superior and a chicago superior share                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                        |              |                                           | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|                        |              |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| FORM #7113             | 8/94         |                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| CORRECTIONAL MEDICAL SYSTEMS HEALTH SERVICES REQUEST FORM FEB 0 5 1998                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print Name: Cedaic Pugh Date of Request: 2-05-98                                                                                                                                                                                                                                      |
| ID #: 182373 Date of Birth: Housing Location: 6A-27T                                                                                                                                                                                                                                  |
| Nature of problem or request: I weed to get Something for Shaving bumps, I've tried reproces and shaving powder and both of the months are not the of the months are not the order of the months are not the order of the order of the order of the order of the condition described. |
|                                                                                                                                                                                                                                                                                       |
| SIGNATURE SIGNATURE                                                                                                                                                                                                                                                                   |
| PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA                                                                                                                                                                                                        |
| HEALTH CARE DOCUMENTATION                                                                                                                                                                                                                                                             |
| Subjective: "I meed a shaving profile. I'm alkergic to the shaving powder and razor."                                                                                                                                                                                                 |
| Objective: BP 1/80 P 68 R 22 T 988 Wt. 198  Very small mamber of brings moted to face. & reds edema, moted. & signs of irritation moted @ this  Assessment:  Assessment:                                                                                                              |
| Plan:<br>climate inducation given advised to report to<br>HCU cleanly shaven to discuss profile.                                                                                                                                                                                      |
| Refer to: PA/Physician Mental Health Dental                                                                                                                                                                                                                                           |
| Signature C. Title: LPN 2-5-98 Time: 2047                                                                                                                                                                                                                                             |

#### CORRECTIONAL MEDICAL SYSTEMS HEALTH SERVICES REQUEST FORM

NOV 2 5 1997

| Print Name: CERIC Pugh                                   | Date of Request:                                |
|----------------------------------------------------------|-------------------------------------------------|
| ID #: 18.23.23 Date of Right                             | Horsing Location: 8-8                           |
| Nature of problem or request: I have to get it pull too. | an bad teeth ake. I want                        |
| I consent to be treated by health staff for the          | ne condition described.  Celic Pugh             |
|                                                          | SIGNATURE                                       |
|                                                          | DICAL BOX OR DESIGNATED AREA TE BELOW THIS AREA |
| HEALTH CA                                                | RE DOCUMENTATION                                |
| Subjective:                                              |                                                 |
| Objective: BP P R                                        | _ T                                             |
| Assessment:                                              |                                                 |
| Plan: January 7th                                        | elxet?                                          |
| Refer to: PA/Physician Mental F                          | Health Dental                                   |
| Signature: Ti                                            | itle: Date: 16697Time:                          |

| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AIS#                         |
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| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FACILITY                     |
| SIG.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DISCONTINUE                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CONTINUE                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | INCREASE                     |
| Physician Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DECREASE                     |
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| Duach andrial                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 182202                       |
| NAME PHASE CLOSURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AIS#                         |
| DATE 10-20-41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FACILITY VICTORIAN           |
| sid () lawel 200mg Tr ( PO 111) 4 1 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DISCONTINUE                  |
| SIG(1) advil 200 mg the PO TID & 7 days,  (2) Pen VK 500 mg PD TID & 1 days,  (3) Sign up for Dental parently by  Physician Signature: Physician De Siddy J. Smith                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CONTINUE AND SAULT SINCREASE |
| (3) sign cip for Denial rolling 1/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | INCREASE J'                  |
| Physician Signature: Physician | DECREASE                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | t e                          |
| NAME POLLIN, CODIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | AIS#                         |
| DATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FACILITY VENTRESO            |
| SIG advil 202m - PO TID & Adays                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DISCONTINUE                  |
| Penusoumy POJID & Astantonal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | CONTINUE                     |
| seen up for Dono a ser number of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | INCREASE                     |
| Physician Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DECREASE                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
| NAME PEGES CE I rie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 187777                       |
| WANTE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | AIS#                         |
| DATE 3/27/99 3A&60 NFH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FACILITY Fyling              |
| DATE 8/27/99 3A&60 NEA<br>SIG. 1. MOTION 6004 Bix 5 days<br>2 Reporting 10009 Bix 9d9,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DISCONTINUE                  |
| Les Resources                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CONTINUE                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |
| Physician Signature: Of Dr. Mar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |

Signature and Title

INTRASYSTEM TRANSFER FORM **HEALTH STATUS** Name: Transferring Facility: Race(B) W H Other Number: Date: 9 //6/ Sex: M F Date of Birth: Age: Time: /7/0 AM PM Food Handler Approved: Y/N Allergies: NKDA Current Acute Conditions/Problems: uses tobacco Chronic Conditions/ Problems: NA Current Medications - Name, Dosage, Frequency, Duration: Acute Short-term Medications: WA Current Treatments: NA Last PPD: <u>62097</u> Results <u>8</u> mms Chronic Clinics: <u>NA</u> Last Physical: \$ 1201 57 Specialty Referrals: Significant Medical History: NA Physical Disabilities/Limitations: \_\_ Contacts: Glasses: Assistive Devices/Prosthetics: Mental Health History/Concerns: Drugs ( y) / N Substance Abuse: ()/ N Alcohol: ( ) N Hx Suicide Attempt: Date: \_\_\_/\_\_ Hx Psychotropic Medication Previous Psychiatric Hospitalizations TRANSFER RECEPTION SCREENING Receiving Facility: Date: 9/91 Time: 1305P: Disposition: (Instructions: Check or circle as appropriate) S: Current Complaint: \_ Routine, Sick Call Instructions Given Current Medications/Treatment: **Emergency Referral** HIV/TB Instruction Given Physician Referral: Urgent / Routine Medication Evaluation O: Physical Appearance/Behavior: Work/Program Limitation Special Housing Specialty Referrals Chronic Clinics Deformities: Acute/Chronic: Stale wo Mental Health **OTHER** Infirmary Placement Other:

| NAME                           | AIS#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| DATE                           | FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SIG.                           | DISCONTINUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                                | CONTINUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                | INCREASE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Physician Signature:           | DECREASE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| DATE                           | FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SIG.                           | DISCONTINUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Physician Signature:           | DECREASE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| NAME                           | AIS#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| DATE                           | FACILITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| SIG.                           | DISCONTINUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|                                | INCREASE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Physician Signature:           | DECREASE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Deal Order                     | 10-03 75                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NAME DUSH CEORIC               | AIS#                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| DATE8/20/97                    | FACILITY /\(\cdot \cdot |
| SIG. Mental Health Referral    | DISCONTINUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Notes                          | CONTINUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8/30/1 Gilch                   | / INCREASE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Physician Signature: W./ G:10W | DECREASE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

Physician Signature:

| CORRECTIONAL MEDICAL SERVICES HEALTH SERVICES REQUEST FORM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Print Name: Cedric Pugh Date of Request: 8/26/97  ID #: 182373 Date of Birth: Housing Location: G-76  Nature of problem or request: 5tomach + Dack Pains                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| I consent to be treated by health staff for the condition described.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| SIGNATURE PUISH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| PLACE THIS SLIP IN MEDICAL BOX OR DESIGNATED AREA DO NOT WRITE BELOW THIS AREA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| HEALTH CARE DOCUMENTATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Subjective: Book Sunting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Objective: BP 88 P 88 R 20 T 9 1941/5.  Cepitaletes Wille - Derkies and Old Ingerry  Bends from waist well 5 problem 1 states  Assessment: Back cecke                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Plan: proliment process                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Refer to: PA/Physician Mental Health Dental                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Signature: Date: D |

Case 2:06-cv-00363-MEF-WC Document 22-3 Filed 06/27/2006 Page 11 of 32 IL Facility Name: Month/Year of Charting: () 30 sign 3.375 mg I V g 6 hrs x 2 days (48°) 6A 120 60 lama 03/09/04 03/11/04 Stop Date: Hour 1 2 3 4 5 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 6 n Brogram Ds PO BIDX10 day Gp 3/10/06 Start Date: Stop Date: RX #: 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 6 n Ritampin 3000 PO Cp BID X 10 20 Start Date: 3/10/05 Prescriber: Stop Date: Hour 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 24 GIENTAMYCIN 80m IM 101 g Pox 3 doses 6<sub>F</sub> 3 Rel dose FOR PE DEAW PEAK & TROUGH Start Date: Prescriber: 3/10/06 E BRd dose Stop Date: 3/11/06 RX #: 7 8 9 10 1 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 546 o PEAK & TROUGH 6:00 p myers some IM (Bed dos C 3rd DOSE ON TROUGH DRAW 8:00 p 3/11/06 (5:45 pm - 8:00 pm) Start Date: 132 Hour Kefley 500mg HDX10 days Start Date: Diagnosis Nurse's Signature Initial **Documentation Codes** Discontinued Order Refused Allergies Ma 3. Patient out of facility 4. Charted in Error 5. Lock Down Housing Unit: 6. Self Administered Patient ID Number: [8 2313 7. Medication out of Stocl Patient Name 8. Medication Held 9. No Show Puah. CIANIN 19 Inilat Date of Birth: 10. Other

Case 2:06-cv-00363-MEF-WC Filed 06/27/2006 Document 22-3 Page 12 of 32 Z Facility Name: Month/Year of Charting: ef Charting: 3/06 |5 | 16| 17| 18| 19| 20| 21| 22| 23| 24| 25| 26| 27| 28| 29| 30 Kefles 500 mg PO gc° × 10 days Start Date: 2/23/06 Prescriber 23/05/04 Hour 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 26 Keflex 500ng 7 PD QID XH(d) D. DeasantiND Prescriber: 19 20 21 22 23 24 25 26 27 28 29 30 Motrin 800ng Po TID X 15(Q) Stop Date: 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 Lordab 5mg ti PO 94° PRN (Pain) X 12 (does) g Booms, MD 女心(0 Start Date: Prescriber: -(o-Oo Stop Date: 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Hour Keep Rt hand Elevoted 312100 Start Date: Prescriber: Q. PRA Saut Stop Date: 3/2011 3,375 mg IN 968 X3d NS@75CC/A 64 12N Start Date 🔿 🛭 Plasar Prescriber: M Stop Date: 03 Diagnosis **Documentation Codes**  Discontinued Order 2 Refused Allergies 3. Patient out of facility 4 Charted in Error 5. Lock Down Housing Unit: 6. Self Administered Patient ID Number: 7 Medication out of Stock Patient Name 8. Medication Held 9 No Show 9-21-75 10 Other

Case 2:06-cv-00363-MEF-WC Document 22-3 Filed 06/27/2006 Page 13 of 32 Month/Year of Charting: Kefley 500 meg po G 96° × 10 darp 8 9 10 11 12 13 14 15 16 17 18 49 20 21 Start Date: 2/23/06 Stop Date 3/05/06 Prescribe RX# 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 20 24 25 26 27 28 29 30 Lortal 5/500 Ti Do gy propain X3 days llood Start Date: 0/23/06 Prescriber: RX#:
| 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | Stop Date: ${\cal J}$ Hour 1000 notrin 800 mg po 98° pen x3 days Start Date: 2/23/04 Prescriber Stop Date: RX# Hour 1 2 3 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 Start Date: Prescriber: Stop Date: RX #: Hour 1 2 3 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 4 Start Date: Prescriber: Stop Date: RX #: Hour 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 Start Date: Prescriber: Stop Date: RX #: Diagnosis Nurse's Signature Initial Nurse's Signature Initial **Documentation Codes**  Discontinued Order Allergies / 2. Refused 3. Patient out of facility 4. Charted in Error 5. Lock Down Housing Unit: Housing Unit: Patient ID Number: 182313 6 Self Administered 7. Medication out of Stock ∍ăt**/e**nt Name: 8 Medication Held 9 No Show 0.21.75 Date of Birth: 10. Other

Case 2:06-cv-00363-MEF-WC Document 22-3 Filed 06/27/2006 Page 14 of 32

| Facility Name: Elmore Correctional Facility | Hour 1 2 3 4 5 6 7 8      | Month/Year of Charting: 11/05   9   10   11   12   13   14   15   16   17   18   19   20   21   22   23   24   25   26   27   28   29   28   29   29   29   29   29 |
|---------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ranitidine HCl 150MG Tab 60.00              | CA ,                      | X                                                                                                                                                                   |
| Take 1 tablet(s) by mouth twice daily       | 6pC                       |                                                                                                                                                                     |
| rake I tablet(3) by model twice daily       |                           |                                                                                                                                                                     |
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|                                             | /η Start Date: 06-29-2005 | Prescriber: Peasant, John                                                                                                                                           |
|                                             | Stop Date: 11-15-2005     | RX #: 250082941                                                                                                                                                     |
|                                             | - <del>  V</del>          | 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29                                                                                                       |
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|                                             | Start Date:               | Prescriber:                                                                                                                                                         |
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|                                             | Start Date:               | Prescriber:                                                                                                                                                         |
|                                             | Stop Date:                | RX #:                                                                                                                                                               |
| agnosis                                     | Murse's Synature          | Initial Nurse's Signature Initial Documentation Cod                                                                                                                 |
|                                             | de La Sina                | \$1 Discontinued Order 2 Refused                                                                                                                                    |
| lergies                                     | Daustin Lov               | 3. Patient out of facility                                                                                                                                          |
| ousing Unit: Population                     | - A                       | 5. Lock Down                                                                                                                                                        |
| atient ID Number: 182373                    |                           | 6, Self Administered 7 Medication out of St                                                                                                                         |
| atient Name:                                |                           | 8 Medication Held<br>9 No Show                                                                                                                                      |
| ugh, Cedric                                 |                           | Date of Birth: 10 Other                                                                                                                                             |

| Facility Name: Elmore Correctional Facility        |                     |             |           |                    | -                    | :            |         |              |                    |       | ĺМо   | nth/\          | Year           | r of        | Cha               | rtino     | 1'    | 1        | .0/0            | 15      |                  |          |                |                      |             |                                      |                  |                    |                                  |
|----------------------------------------------------|---------------------|-------------|-----------|--------------------|----------------------|--------------|---------|--------------|--------------------|-------|-------|----------------|----------------|-------------|-------------------|-----------|-------|----------|-----------------|---------|------------------|----------|----------------|----------------------|-------------|--------------------------------------|------------------|--------------------|----------------------------------|
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| Ranitidine HCl 150MG Tab 60.00                     | 6ª                  |             | 1 36      | 7 A 1              | X9213.               |              |         | 199          | 9 5 6              | 13.46 | 343   | oger:          | Sere I         | Hays a      |                   | - 64      | 80,54 | VSS.     | 17 A            | (134)   | TEN:             | 390.3    | Sign de tra    | 11.74                | alia, esc   | 27.07                                | 57.2             | 250                | #ZA                              |
| Take 1 tablet(s) by mouth twice daily              | Gp                  |             |           |                    |                      |              |         |              |                    |       |       |                |                |             |                   | 3         |       |          |                 |         | 750<br>200       |          |                |                      |             |                                      |                  | 100                | 121                              |
| KOP                                                |                     |             |           |                    |                      |              |         |              |                    |       |       |                |                |             |                   |           |       |          |                 |         |                  |          |                |                      |             |                                      | - 3              |                    |                                  |
| ··UF                                               | 13                  | Start       | Date      | : 0                | 6-29                 | 9-20         | 05      |              |                    | Pre   | escri | ber:           | P              | eas         | ant,              | Jol       | าท    |          |                 |         |                  |          |                |                      |             |                                      |                  |                    |                                  |
|                                                    |                     | Stop        |           |                    |                      | 5-20         |         | 2   6        | 140                | 11    | T40   | 101            |                | X #:        |                   | 2500      |       |          |                 |         |                  |          |                |                      | T = -       |                                      |                  | <del></del>        |                                  |
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| HETZ 25 mg + PO<br>- JD KOP                        |                     |             |           |                    |                      |              |         |              |                    |       |       |                | (3.3)<br>(3.1) | 0074<br>274 | 789 T             |           |       |          | 1. Ye.          |         | 5.40).<br>5.40). |          |                | 1860<br>1702<br>1870 |             |                                      | Br<br>60         | (4) (4)<br>(4) (4) | 10015<br>10015<br>10015<br>10015 |
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|                                                    | 1/2                 | Start       | Date      |                    | 81                   | 1,5          | 10.     | السر<br>مسمح | -Li                | Рге   | scri  | ber:           | L              |             | 2-7-1;            | <u> </u>  | تلتث  | التنا    | 3-1             | /477.4  | 1.0              |          | فيتنا          | لــــــا             |             | <u>  1                          </u> |                  | السنا              | الحد                             |
|                                                    | PI                  | Stop        | Date      |                    | 11/                  | 1,5          |         | Λ-           |                    |       |       |                |                | X #:        |                   |           |       |          |                 |         |                  |          |                |                      |             |                                      |                  |                    |                                  |
|                                                    | Hour                | 1 2         | 3         | 4<br><b>V</b>      | 5<br>(2)             |              | 7 8     | 9            | 10                 | 11    | 12    | 13             | 14             | 15          | 16                | 17        | 18    | 19       | 20              | 21      | 22               | 23       | 24             | 25                   | 26          | 27                                   | 28               | 29                 | 30                               |
| Motur lewng + po<br>The x3d                        | lan<br>Ian          |             |           | X                  | 9                    | 9            | י<br>קא |              |                    |       |       | ECUR IN        |                |             |                   |           |       | 0272     | 2 T             |         |                  | 746      |                |                      |             |                                      |                  |                    |                                  |
| TUX50                                              | lep.                | 200 85      | X         | MP                 |                      |              | X'      | 3            |                    | Usas  |       | 30.22          | 2342           | 2000A       | 100               |           | 7.75  |          | C. 1.           |         |                  |          | 1217-1         | 1277                 | SMEN        | AVAGES<br>UVAGES                     |                  | 200000             | 55/5                             |
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| 1                                                  | MP                  | Start       |           |                    | <u> </u>             | <u> </u>     | _       |              |                    | Pre   | escri | ber:           |                | <u> </u>    |                   | A         | U     |          |                 |         |                  |          |                |                      |             |                                      |                  |                    |                                  |
|                                                    | Hour                | Stop I      |           |                    |                      | €\<br>6      |         | 3 9          | 10                 | 11    | 12    | 13             |                | X #:<br>15  |                   | 17        | 18    | 19       | 20              | 21      | 22               | 23       | 24             | 25                   | 26          | 27                                   | 28               | 29                 | 30                               |
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|                                                    |                     |             |           |                    |                      |              |         |              |                    |       |       |                |                |             |                   |           |       |          | 63)<br>635      |         |                  |          |                |                      |             |                                      |                  |                    |                                  |
|                                                    |                     |             |           |                    |                      |              |         |              |                    |       |       |                |                |             | 187               | 114       |       |          |                 |         |                  | SUS.     | 787 C<br>257 E |                      |             |                                      |                  |                    |                                  |
|                                                    |                     | Start       | Date      | :                  |                      |              |         |              | 1                  | Pre   | scri  | ber:           | 20.6240        | Test of T   | .04527 <b>4</b> 9 | in our La |       | 1        | <u> , 2463)</u> | (611-61 |                  | Aust     | (ASA)          | 1.5(84)              | 50.20 %     | <u> Ferencial</u>                    | (194 <u>9.4)</u> | <u> August</u>     | 40,559 (                         |
|                                                    |                     | Stop I      |           |                    |                      |              |         |              |                    |       |       |                |                | X #:        |                   |           |       | •        |                 |         |                  |          |                |                      |             |                                      |                  |                    |                                  |
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|                                                    | ,                   |             |           |                    |                      |              |         |              |                    |       | fil a |                |                |             |                   |           |       |          |                 |         |                  |          |                |                      |             |                                      |                  |                    |                                  |
|                                                    | THE CONTRACT OF THE |             | at Chrys  |                    |                      | F-9527 - 201 | S. De   | OF 38.4.     |                    |       |       |                |                |             |                   |           |       |          |                 |         |                  |          |                |                      |             |                                      |                  | 2000               |                                  |
|                                                    |                     |             |           |                    |                      |              |         |              |                    |       |       |                |                |             |                   |           |       | 130      |                 |         |                  |          |                |                      |             |                                      | 254              |                    |                                  |
|                                                    |                     | Start       |           |                    |                      |              |         |              |                    | Рге   | scri  | ber:           |                |             |                   |           |       |          |                 |         |                  |          |                |                      |             |                                      |                  |                    |                                  |
|                                                    | Hour                | Stop I      |           |                    | 5                    | 6            | 7   8   | 3 9          | 10                 | 11    | 12    | 13             |                | X #:        |                   | 17        | 181   | 19       | 20              | 21      | 22               | 23       | 24             | 25                   | 26          | 27                                   | 28               | 29                 | 30                               |
|                                                    |                     |             |           |                    |                      |              |         |              |                    |       |       |                |                |             |                   | T         |       |          |                 |         |                  |          |                |                      |             |                                      |                  |                    |                                  |
|                                                    |                     |             |           |                    |                      |              |         |              | 18 (18 c)<br>18 c) |       |       | (4.5)<br>(4.5) |                |             | 19.               |           |       |          |                 |         |                  |          |                |                      |             | 356                                  |                  |                    |                                  |
|                                                    |                     |             |           |                    |                      |              |         |              | 45                 |       |       |                |                |             |                   | 40,988    |       | 3.C4     | (G).            |         |                  |          | W.V.           |                      |             |                                      |                  |                    |                                  |
|                                                    | 0,1,711,000         | Start I     | Jate:     | <u>  1455 </u><br> |                      |              |         |              | 138.3              | Pre   | scril | ber:           | ilian)         | John F      |                   |           | 254   | <u> </u> |                 | - 6     |                  | 177      |                | (349)                |             | leśa I                               | 204              |                    |                                  |
|                                                    |                     | Stop [      | Date:     |                    |                      |              |         |              |                    |       |       |                | R              | X #:        |                   |           |       |          |                 |         |                  |          |                |                      |             |                                      |                  |                    |                                  |
| Diagnosis                                          |                     | Nars        | es s      | Signa              | ature                |              | en seen | 1            | Initia             | al ,  |       | _              | Nurs           | se's        | Sig               | nati      | ıre   | 1        |                 | (0      | nitia            | ıl       |                |                      |             |                                      |                  | ı Coc              | des                              |
| Allergies                                          | L                   | 3           | <u> </u>  | 4                  | 6                    | PN           |         | 1            | K;                 |       | N,    | D              | Ļ              | 11          |                   | H         | V     | 1        |                 | Ŋ       | A                | _        | 2. F           | Refu                 | isec        |                                      |                  |                    |                                  |
| ,g.vu                                              | 100                 | in          | ile       | w                  | 4                    | ns.          |         | ŹQ           | W                  | /     | _     | _{_{3}}        | M              | U           |                   | 1         | X     | )        | _(              |         | H                | <u>L</u> | 4. (           | Cha                  | rted        | in E                                 |                  | cility<br>r        | ,                                |
| Housing Unit: Population Patient ID Number: 182373 | <u> </u>            |             |           |                    |                      |              |         |              |                    |       |       | /              |                |             |                   | U         |       |          |                 |         |                  |          | 6.8            | Self                 |             | ninis                                |                  |                    |                                  |
| Patient ID Number: <b>182373</b> Patient Name:     | }                   |             |           |                    |                      |              |         |              |                    |       |       |                |                |             |                   |           |       |          |                 | .=      |                  |          | 8.1            | Иed                  | icat        | ion I                                |                  | of Sta             | ock                              |
| Pugh, Cedric                                       |                     |             |           |                    |                      |              |         |              |                    | 4000  |       | Date           | e of           | Birt        | ih:               |           |       |          |                 |         |                  |          | 9.1<br>10      |                      | Shov<br>ner | N                                    |                  |                    |                                  |

| Facility Name: Elmore Correctional Facility        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                   |                  |             |              |             |             |             |              |           | 1000       | nth/`        | /60       | , _<br>r of i | <u> </u>   | rfin               |                                        |           | 10 /0        | \E       |                   |                     |               |                    |          |        |                   |           |          |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------|------------------|-------------|--------------|-------------|-------------|-------------|--------------|-----------|------------|--------------|-----------|---------------|------------|--------------------|----------------------------------------|-----------|--------------|----------|-------------------|---------------------|---------------|--------------------|----------|--------|-------------------|-----------|----------|
| , Enforce Confectional Facility                    | Hour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1          | 2                 | 3 4              | 5           | 6            | 7           | 8           | 9           | 10           | 11        | 12         | 13           | 14        | 15            | 16         | 17                 | 18                                     | 19        | 20<br>20     | 21       | 22                | 23                  | 24            | 25                 | 26       | 27     | 28                | 29        | 30       |
| Ranitidine HCl 150MG Tab 60.00                     | 61                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | - St. 52.2 | 8 & ales          | SELETY           | 30 da 3     | 2000         |             |             | 1           |              |           | 1000       |              | 1,50.15   |               |            |                    | 20, 21                                 |           |              |          |                   |                     |               |                    |          |        |                   |           |          |
| Take 1 tablet(s) by mouth twice daily              | 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |            |                   |                  |             |              |             |             |             | 24.2<br>24.3 |           |            |              |           |               |            |                    |                                        |           |              |          | - 1<br>- 1<br>- 1 |                     | SANG<br>PERS  | \$ 4.              | 100 m    |        |                   |           |          |
|                                                    | 37 S. 11 S. 12 S. |            |                   |                  |             | +            |             | -           | +-          |              |           |            |              |           |               | - 1        |                    | 1,77                                   | 4.        |              |          |                   |                     |               |                    |          | H      | -                 | +         | +        |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sta        | t Dat             | e:               | 06-2        | 79-:         | 2005        | 5           | 1           | L            | Pre       | escr       | L_l<br>iber: | D         | eas           | ant        | ا                  | bn                                     | 1         |              |          | $\dashv$          |                     |               | L.                 | لت       | لنا    |                   |           | 1        |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sto        | Dat               |                  | 11-         |              |             |             |             |              |           |            |              |           | X #:          |            |                    | 082                                    | 941       | 1            |          | $\dashv$          |                     |               |                    |          |        |                   |           |          |
|                                                    | Hour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1          | 2                 | 3 4              | 5           | 6            | 7           | 8           | 9           | 10           | 11        | 12         | 13           | 14        | 15            | 16         | 17                 | 18                                     | 19        | 20           |          |                   |                     |               |                    | 26       | 27     | 28                | 29        | 30       |
| HCTZ 2500 = 0                                      | LeA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | 30.1159           | 22.2%            | \$ 500      |              | i irikale   |             | a istoa     | 1000         | 2845      | 10000      | V            | C         | ر             | d          | ſ                  | ************************************** | g         | 0663752      | ρ        | U                 | B                   | H             | 64.5%              | 35184    | CHEA   | Walter Control    | 308523    | 8.152 k  |
| HCTZ asnigipo                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                   |                  |             |              | ***         |             | 250         |              |           |            |              | TH        | 1)            |            | TC A               | <b>~</b>                               |           |              | Ž.       | C.W               |                     |               | STAN               |          | 20%    | dented<br>section | 1670      | 90       |
| 951                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 100        | * 4 2             | 7 7              | # ( A )     | 13.0         |             |             |             |              |           |            | Ч            |           | Ŋ             |            | U                  | )                                      | 197. T    |              | 777      |                   |                     |               |                    |          | 5,43   | -51               | 7411      | <u> </u> |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Sta        | t Dat             | ျ<br>e. <b>(</b> | }_I<        |              |             |             |             |              | Pre       | ecri       | ber:         |           | 4             | l a        |                    |                                        |           | 1.78         |          | 10.15             |                     | لنكا          |                    | essile   |        | 171               |           |          |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Dat               |                  |             |              |             |             |             |              | _         |            |              | R         | X #:          |            | <u></u>            |                                        |           |              |          | . 18              |                     |               |                    |          |        |                   |           |          |
|                                                    | Hour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ,          | 2                 | 3   4            | 5           | 6            | 7           | 8           | 9           | 10           | 11        | 12         | 13           | 14        | 15            | 16         | 2<br>17            | 18                                     | )<br>19   | <b>20</b>    | 1        | #0<br>22          | 23                  | 24            | 25                 | 26       | 27     | 28                | 29        | 30       |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                   |                  | Massa       | 8 8043       |             | 192528      | MS-84-10    | Tarifa       | 100254    | 1928C#     | 100 m        | 20.60     | 2010          | 54338      | Jhá/yra            | - PAGES D                              | SPACES!   | weigh        | 10045534 |                   | 22.0 H.             |               | 2 4 5              | 46(M)    | 0.5.55 | 357456            | 12/2/2020 | 027585   |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                   |                  |             |              |             | A.S         |             |              |           |            |              |           | 4             |            |                    |                                        |           |              |          | 44                |                     |               |                    |          |        |                   |           |          |
|                                                    | 45.550                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |            | 87.15 A           |                  |             | 持            | 236         |             |             | N. S.        |           | (7.5)      |              | 38.0      |               | 734        | 995.12.<br>1853.55 |                                        |           |              | 7.55     | (S)(1)            | (3.N                | 10,51         | b <sub>er</sub> jä | O.E.     |        |                   | 385       |          |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Star       | t Dat             | <u>]</u> ⊚       |             |              | 14.         |             | 1040        |              | Dro       |            | ber:         | ***       |               | 7F2        | inali<br>Setan     | 57.5<br>27.5                           |           |              |          | H.Z               |                     |               |                    |          |        |                   |           | 34       |
|                                                    | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u> </u>   | Date Date         |                  |             |              |             |             |             |              |           |            | ber.         | R         | X #:          |            |                    |                                        |           | <u> </u>     |          |                   |                     |               |                    |          |        |                   |           |          |
|                                                    | Hour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1          |                   | 3   4            | 5           | 6            | 7           | 8           | 9           | 10           | 11        | 12         | 13           |           |               |            | 17                 | 18                                     | 19        | 20           | 21       | 22                | 23                  | 24            | 25                 | 26       | 27     | 28                | 29        | 30       |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Teles 100         | 346 4650         | ST 4283     | DESECUE      |             | ensu.       | A SPERIOR   | 53000        | th men    | 100/100/20 | EAGANN.      | CINAGE I  | 258,20        | ne se se s | 0.000              | R.C. Berger                            | eks visio | - ign/ku     | 987-786  | Security.         | a comp              |               | - See              | 00140724 |        | La Constituto     | eve de    |          |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                   |                  |             |              |             |             |             |              |           |            |              |           |               |            |                    |                                        |           | e la         |          |                   |                     |               |                    |          |        |                   |           |          |
|                                                    | 2-6-7 states                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20763      | \$ (a)            | (S) 4-7          | (1450)      | 13.74        | 18820       | 19.5        | 124         | Service      | eriikir.  | 1,3,2%     | 1.46         | 200       | 2563          | 160        | #45 (A)            |                                        | 800       | H0404        | -10-5%   | 15 W-C            | a Tha               | ME190         | 383                | 3.62     | C+3/   | No.               |           | 525S     |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C+C        | t Dat             |                  | JA          |              |             |             |             |              |           |            |              | 3 14      |               |            |                    |                                        |           |              |          |                   |                     | 2-10          |                    |          | 98     |                   |           | 3, 7     |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Date Date         | ——               |             |              |             |             |             |              | Pre       | escri      | ber:         |           | X #:          |            |                    |                                        |           |              |          | $\dashv$          |                     |               |                    |          |        |                   |           |          |
|                                                    | Hour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1          | 2 (               |                  | 5           | 6            | 7           | 8           | 9           | 10           | 11        | 12         | 13           |           |               |            | 17                 | 18                                     | 19        | 20           | 21       | 22                | 23                  | 24            | 25                 | 26       | 27     | 28                | 29        | 30       |
|                                                    | 48174887.383                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2000       | × 6349 (360)      | 44 F (FESS)      | e oraș      | S CONTRACTOR | A Ne COLORA | d silvering |             | A Sander     | NOTICE TO |            |              | nuesta e  | and the       |            | Section 2          |                                        |           |              |          |                   | A 245-16            |               |                    |          |        |                   |           |          |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                   |                  |             |              |             |             |             |              |           |            |              |           |               |            | in in the second   |                                        |           |              |          |                   |                     |               |                    |          |        |                   |           |          |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0.549      |                   | 170 kilos        |             |              | 4773        |             | Kat.        | a and        | -PS(0(5)) | 1948 A     | 22340        | 525       | 34.7.1        | 166        | 3800               | . Van                                  | 200       | 5 % S. M. S. |          | No.               | 27.16387<br>27.6287 | FARE          | 1 150              | A SECULO | 10999  | 200               |           | 50.50    |
|                                                    | 5.34 (S)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 21         | 1                 |                  |             |              |             |             |             |              |           |            | 34 av        |           |               |            |                    |                                        |           | 12.0         |          |                   |                     |               |                    |          |        |                   |           |          |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | t Dat<br><br>Date |                  |             |              |             |             |             |              | Pre       | escri      | ber:         |           | ——-<br>X #:   |            |                    |                                        |           |              |          | $\dashv$          |                     |               |                    |          |        |                   |           |          |
|                                                    | Hour                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |            |                   | 3. 4             | 5           | 6            | 7           | 8           | 9           | 10           | 11        | 12         | 13           |           |               |            | 17                 | 18                                     | 19        | 20           | 21       | 22                | 23                  | 24            | 25                 | 26       | 27     | 28                | 29        | 30       |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1000       | Market 4500       |                  | 54 255 Cont | 14575200     | 9.000       | Pinton      |             |              |           |            |              |           |               |            |                    |                                        |           |              |          |                   |                     |               |                    |          |        |                   |           |          |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                   |                  |             |              |             |             |             |              |           |            |              |           |               |            |                    |                                        |           |              |          |                   |                     | ESCH<br>STOLE |                    |          |        |                   |           |          |
|                                                    | 13458.840                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 10.25      | F-200 (2)         | \$0 963          | 1 (mag)     | 1 920        | 100.5       | San G       | 172807      | 10.00 P      | "Alara    | No. TO     | 7.665        | (S.13)    | State .       | o.         | preg.              |                                        |           | No.          | 2740     | 87,60             | \$05.00             | .75,0         | 1/30               |          | 100748 |                   | 39/80     | 58.819   |
|                                                    | #470<br>790 (17)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |            |                   |                  |             |              |             | A SV        | V. 1        |              | 36.3      |            |              |           |               |            |                    |                                        |           |              |          |                   |                     |               |                    |          |        |                   |           |          |
|                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | t Dat             |                  |             |              |             |             |             |              | Pre       | scri       | ber:         |           | · · ·         |            |                    |                                        |           |              |          | $\dashv$          |                     |               |                    |          |        |                   |           |          |
| Diagnosis                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            | Date              |                  |             | -            | Ewan oda.   | Janes       | <del></del> |              |           | - income   |              |           | X #:          | W WAT      | -                  |                                        | tilswan   | wae m        |          |                   |                     |               | De Miller Land     |          |        | oute-ton          |           |          |
| Diagnosis                                          | +/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Nı         | rge's             | Sign             |             |              |             |             | -           | nitia<br>(2  |           | 1          | 75           | ·         | se's          |            |                    | ure<br>1                               | 2,        |              | 1        | nitia<br>D-C      |                     | 1 [           | Disc               | onti     | inue   |                   |           | zet      |
| Allergies                                          | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7          | 7                 | 9.               | <u>lp</u>   |              | ``          |             | 1           |              | -9        | 1          | 4            | <u>//</u> | W             | <u>u</u> , | 4                  | M                                      | 1         | /            | 11       | 军                 |                     | 3.1           |                    | ent d    | out c  |                   |           | ŗ        |
| NKA                                                | I WU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Ш          | st                | w                |             | fa           | <i>.</i>    |             | 24          | le           | _         | V          | M            | U         | }             | 7          | H                  |                                        |           |              | K        | <u></u>           | L                   | 5.1           | L.ock              | k Do     |        |                   |           |          |
| Housing Unit: Population Patient ID Number: 182373 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                   |                  |             |              |             |             | -           | _            |           |            | · · ·        | -         |               |            | <u>/_</u> `        |                                        |           |              |          |                   |                     |               |                    |          | minis  |                   |           | ock      |
| Patient Name:                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                   |                  |             |              |             |             |             |              |           |            |              |           |               |            | -                  |                                        |           |              |          |                   |                     | 8.1           |                    | licati   | ion l  |                   |           |          |
| Pugh, Cedric                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |            |                   |                  |             |              |             |             |             |              |           |            | Dat          | e of      | Birt          | :h:        |                    |                                        |           |              |          |                   |                     |               | Oth                |          | *      |                   |           |          |

| Facility Name: Elmore Correctional Facility                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11                       | -,          |              |               |       |        |         |           |               |            |                       |               | IVIO  | nth/Y                                         | еаг      | OT (        | Jna:     | runa     | 1:                | U             | 3/05     | ,   |                  |           |                                                |               |                                         |                |           |                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------|--------------|---------------|-------|--------|---------|-----------|---------------|------------|-----------------------|---------------|-------|-----------------------------------------------|----------|-------------|----------|----------|-------------------|---------------|----------|-----|------------------|-----------|------------------------------------------------|---------------|-----------------------------------------|----------------|-----------|----------------------------------------|
| Desired to a Control of the Control | Hour                     | 1           | 2            | 3             | 4     | 5      | 6       | 7         | 8             | 9          | 10                    | 11            | 12    | 13                                            | 4        | 15          | 16       | 17       | 18                | 19            | 20 2     | 21  | 22               | 23 2      | 24 2                                           | 25 2          | 5 27                                    | 28             | 29        | 30                                     |
| Ranitidine HCl 150MG Tab 60.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LOA                      |             | 65           |               |       |        |         |           |               | (C.34)     |                       |               |       |                                               | 14.19    |             |          | (A)      | ra co             | - 23          | 47 S     |     |                  | 2 d 3     | A) č                                           |               | 4.50 c                                  | 2349           | 9.Mg .    |                                        |
| Take 1 tablet(s) by mouth twice daily                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Cep                      |             | 42.          |               |       |        |         | 200       | 7760 U        |            | Later<br>Layer        | (SE)          |       |                                               |          |             |          | 3.4      | 2013              |               |          |     |                  |           |                                                |               |                                         | i je           | 3.97      |                                        |
| KCP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 79                       |             |              |               | 1     |        |         | 7 :       |               |            |                       |               |       | 1                                             | +        | +           | 1        |          |                   |               | +        | 1   |                  |           |                                                |               |                                         |                | -         | +                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Sta         | rt Da        | ate:          | 06    | 5-29   | )-20    | 005       |               | لتنا       | -u-11                 | Pre           | scri  | ber:                                          | Pe       | asa         | nt.      | Joh      | ın                |               |          |     | +                | 1-        | . ]                                            | 1,50          |                                         |                |           |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Sto         | p Da         | ate:          | 11    | -15    | 5-20    | 005       |               |            |                       |               |       |                                               |          | < #:        |          | 500      |                   | 941           |          |     | $\dashv$         |           |                                                |               |                                         |                |           |                                        |
| HCTZ 25MG Tab 30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Hour                     | 1           | 2            | 3             | 4     | 5      | 6       | 7         | 8             | 9          | 10                    | 11            | 12    | 13                                            | 14       | 15          | 16       | 17       | 18                | 19            | 20 2     | 21  | 22               | 23 2      | 24 2                                           | 25 2          | 6 27                                    | 28             | 29        | 30                                     |
| HCTZ 25MG Tab 30.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | COA                      |             | *** <b>)</b> |               |       | 4,1,   | 数有      |           | 15.24         |            | /                     |               |       |                                               |          | 8213        |          | V371     | Ņi.               | 78.3          | 2014     | 188 |                  |           |                                                |               |                                         |                | COMPA :   | NATO A                                 |
| Take 1 tablet(s) by mouth daily                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | $\hat{\Pi}$ | $\mathbf{}$  | $\mathcal{M}$ | \     | \$     | 21      | ١,        | $\mathcal{V}$ | Ø          | <b>S</b> -            |               | 14.6  |                                               |          |             | 1/4      |          | 2.0               |               |          | 100 | U.               |           |                                                |               |                                         | 3,15           |           |                                        |
| Ker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | H           | 1            | 1             |       | 1      | 4       | 1         | 1130<br>1443  | († E.      | 31.17<br>31.17<br>51. |               |       |                                               |          |             |          |          |                   |               |          | +   | +                |           |                                                |               |                                         |                |           |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u> </u>                 | Sta         | rt Da        | ate:          | 06    | 5-29   | )-20    | 005       | 45.4          | 24.4       | 211.2                 | Pre           | scri  | ber:                                          | Pe       | asa         | nt,      | Joh      | ın                | . 187.        | <u> </u> |     |                  | 36 J   -  | <u>(1)                                    </u> | شلند          | البيانا                                 | gn. s          |           | - 11                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | 1           | p Da         |               | 11    | -15    | -20     | 05        |               |            |                       |               |       |                                               | R>       | <b>〈</b> #: | 2        | 500      | 829               |               |          |     |                  |           |                                                |               |                                         |                |           |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Hour                     | 1           | 2            | 3             | 4     | 5      | 6       | 7         | 8             | 9          | 10                    | 11            | 12    | 13                                            | 14       | 15          | 16       | 17       | 18                | 19            | 20       | 21  | 22               | 23 2      | 24 2                                           | 25 2          | 6 27                                    | 28             | 29        | 30                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |             |              |               | 23    |        |         |           |               |            |                       |               |       | 0.50                                          |          |             |          |          |                   |               |          |     |                  | 180 C     |                                                |               |                                         |                |           |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Section 2   |              |               |       |        | 025     |           |               | 100.55     |                       | 58.56         |       |                                               |          |             |          |          | 5.94              |               |          |     | 82.0             |           |                                                |               |                                         |                | (540)     |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 12.55 A                  | 75.1        |              |               |       |        |         |           |               |            | gi.i                  |               |       |                                               |          |             |          |          |                   |               |          |     |                  |           |                                                |               |                                         |                |           |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Sta         | rt Da        | ate:          |       |        |         | — est.A   | , i selle     | L          |                       | Рге           | scril | ber:                                          | - Sla    |             | 3-1-1    | <u> </u> | 3.5.5 <u>.</u> 15 | طيون          |          |     |                  | اعاتا     | . النت                                         |               | in Lateria                              | <u> realit</u> | 2006 1.4  | <u> </u>                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u> </u>                 |             | p Da         |               |       |        |         |           |               |            |                       |               |       |                                               |          | < #:        |          |          |                   |               |          |     |                  | .,        |                                                | -             |                                         |                |           |                                        |
| ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Hour                     | 1           | 2            | 3             | 4     | 5      | 6       | 7         | 8             | 9          | 10                    | 11            | 12    | 13                                            | 4 -      | 15          | 16       | 17       | 18                | 19            | 20       | 21  | 22               | 23 2      | 24 2                                           | 25 2          | 6 27                                    | 28             | 29        | 30                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |             |              |               |       |        |         |           |               | 3.00       |                       |               |       |                                               |          |             |          |          |                   |               |          |     |                  |           |                                                |               |                                         |                |           |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | 333.00      | 78001.18     | S. (2)        | 50/4  | 900043 | 5524.0  |           |               | 1400 (255) |                       |               | 200   | 2540 P                                        |          |             |          | 100      |                   |               |          |     |                  |           | 855015                                         |               |                                         | 6953           |           | 10000000000000000000000000000000000000 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 25.65<br>45.65<br>26.781 |             |              |               |       |        |         |           |               |            |                       | (167)<br>(14) |       |                                               |          |             |          |          |                   |               |          |     |                  |           |                                                |               |                                         |                |           |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | Sta         | rt Da        | ate:          |       |        |         |           |               |            |                       | Pre           | scril | oer:                                          |          |             |          |          |                   |               |          |     |                  |           |                                                |               |                                         |                |           |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Hour                     | 1           | p Da         |               | 4     | 51     | 61      | 7         | Ω             | 0.1        | 10                    | 44            | 12    | 10 /                                          |          | < #:        | 161      | 471      | 40                | 461           | 201      |     | 22               | 2214      | 241                                            | 2512          | 0107                                    | ا مما          | 001       | 201                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 11001                    |             |              |               |       | J      |         | 1         | 0             | 3          | 10                    |               | 12    | 13                                            | 4        | 15          | 10       | 1/       | 10                | 19            | 20       | 41  | 22               | 23),      | 4 4                                            | 40 2          | 6 27                                    | 28             | 29        | 30                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |             |              |               |       |        |         |           | 1.07          |            |                       |               |       |                                               |          |             |          |          |                   |               | 87       |     |                  |           |                                                |               |                                         |                |           |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |             |              |               |       |        |         |           |               |            | 1007 000              |               |       |                                               |          | 270,202     |          |          |                   |               |          |     | 40:3             | 85.140 52 |                                                |               | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                | SESSEDE B | 20000                                  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          | <u> </u>    | t Da         |               |       |        |         |           |               |            |                       | Рге           | scril | oer:                                          |          |             |          |          |                   |               |          |     | _                |           |                                                |               |                                         |                |           |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Hour                     | Sto<br>1    | Da<br>2      |               | 4     | 5      | 6       | 7         | 8             | 9          | 10                    | 11            | 12    | 13 1                                          |          | (#:<br>15 1 | 161      | 17       | 181               | 191           | 201      | 21  | 22               | 231 :     | 24                                             | 25  2         | 6 27                                    | 28             | 291       | 301                                    |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |             |              |               |       |        |         |           |               |            |                       |               |       |                                               |          |             |          |          |                   |               |          |     |                  |           |                                                |               |                                         |                |           |                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ega erekin.              | 200         | 93.34        |               | (SAC) | yes P  | _       | 05.20     | 10.5          | 700        | , report              |               |       |                                               |          |             |          | [        |                   | 312           |          |     | 3,74             |           |                                                | 2.00          |                                         |                |           | J                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |             |              |               |       |        |         |           |               |            |                       |               |       |                                               |          |             |          |          |                   |               |          |     |                  |           |                                                |               |                                         |                |           |                                        |
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| Diagnosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          | -           | Da           | -             |       |        | AMERICA | DECEMBLE. |               | 1          |                       | -             | -     | -                                             | *****    | (#:         | о.<br>О. | -        | açmeta            | or an account | 2112000  |     | .,,              |           | -                                              |               | 4 mars                                  | in the second  | essons.   | Photos Company                         |
| A .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          | INU         | ırse'        | ال د          | Aiig  | ui e   |         |           | 1             |            | nitia                 |               | M     | , <u>, , , , , , , , , , , , , , , , , , </u> | urs<br>I | e's         | sig<br>V | L        | P                 |               | +        | M   | itia<br><i>D</i> |           | . D                                            | scor          | menta<br>itinue                         |                |           | es                                     |
| Allergies NKDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | +                        |             |              |               |       |        |         |           | $\dashv$      |            |                       | $\dashv$      | 1.1   | <u> </u>                                      | 1        | <u>~(</u>   | 7        | 7        | <i>D</i> ,        | <u>U</u> _    |          | 111 | *                | 3         | 3. Pa                                          |               | t out                                   |                |           | ,                                      |
| Housing Unit: Population                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |             |              |               |       |        |         |           | 1             |            |                       | +             |       |                                               | •        |             |          |          |                   |               | $\dashv$ |     |                  | 5         | 5. Lo                                          | ock E         | d in E<br>Own                           |                |           |                                        |
| Patient ID Number: 182373 Patient Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |             |              |               |       |        |         |           | +             |            |                       |               |       |                                               |          |             |          |          |                   | <u> </u>      |          |     |                  | 7         | '. M                                           | edica         | dminis<br>ation                         | out o          | of St     | ock                                    |
| · energinon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |             |              |               |       |        |         |           |               |            |                       | $\dashv$      |       |                                               |          |             |          |          |                   |               |          |     |                  |           |                                                | edica<br>o Sh | ation                                   | meld           | ı         |                                        |

| STDT01  MEDICATIONS                    |                                                     |                                                       |                                                        |
|----------------------------------------|-----------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------|
| Martae 15 Chegipo Bu                   | HOURE E 2 3 2 5 5 5 5                               | <u>(4,88,52,10,611,12,15,15,12,15,16,17,18,19,20)</u> | 21 22 23 24 25 26 27 28                                |
| 0,                                     | (Q)                                                 |                                                       |                                                        |
| 5-20-05 -711-15-05                     | KEP                                                 |                                                       |                                                        |
| 5-20-05 -> 11-15-05<br>HCTZ 25mg+poqch | 1234567                                             | 8 9 18 13 12 13 14 15 16 17 18 19 20                  | 21 22 23 24 25 26 27 28                                |
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| 5-20-65-11-15-66                       | re                                                  |                                                       |                                                        |
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| MEDICATIONS                            | HOUR 1 2 3 4 5 6 7                                  |                                                       |                                                        |
| CHARTING FOR 7-1-05                    | RSE'S ORDERS, MEDICATION NOTES, AND THROUGH 7-30-05 | INSTRUCTIONS ON REVERSE SIDE                          |                                                        |
| Physician Reascent                     | :                                                   | Telephone No.                                         | Medical Record N                                       |
| Alt. Physician •                       |                                                     | Alt Telephone Rehabilitative                          |                                                        |
| ergies NKDA  Diagnosis                 |                                                     | Potential                                             |                                                        |
| Medicaid Number Medicare Number        | Complete Entries Checked:                           |                                                       |                                                        |
| PATENT                                 | By: Ubarret                                         | Title:                                                | Date:                                                  |
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| PARENT . ^                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | By: Wildre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Title:    PATIENT CODE   ROOM N                                                          | Date: 7                                                   |

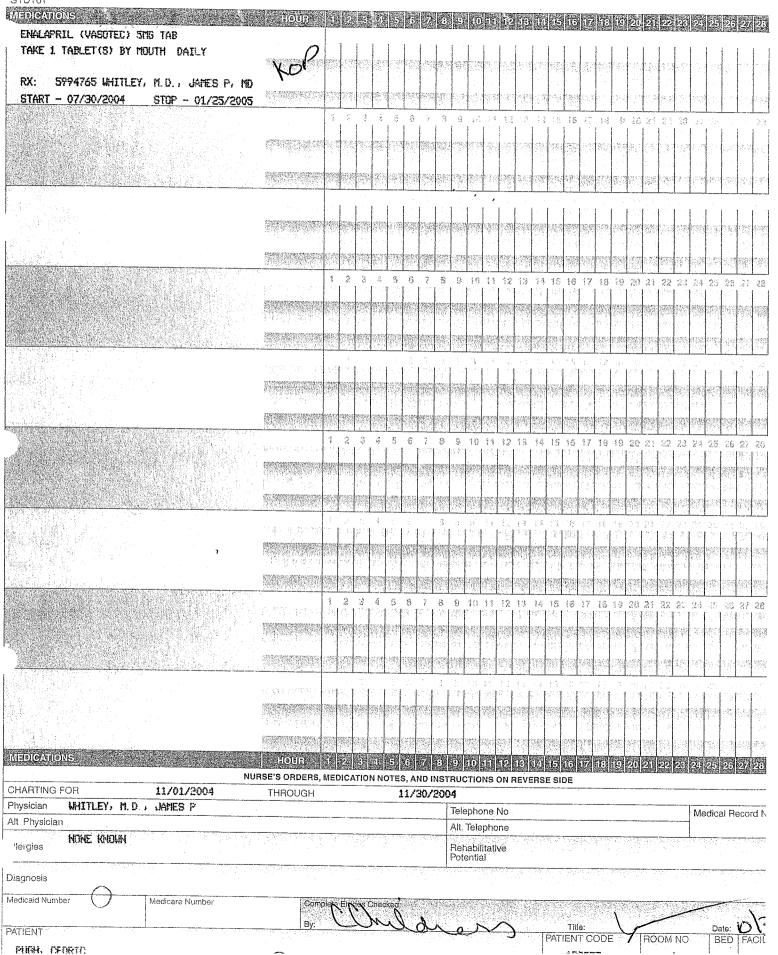
| ETDT01<br>MEDICATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                       |                                         |               |                                       |                     |               |             |                    |                    |                 |                                        |                                          |                      |                    |                          |             |                         |                      |                |
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| ENALAPRIL (VASOTEC) 5MG TAB                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HOUR                                  |                                         |               | -                                     |                     |               |             |                    | 2 E                |                 | E 16                                   |                                          |                      | 20                 |                          | 202         |                         |                      |                |
| TAKE 1 TABLET(S) BY MOUTH DAILY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                         |               |                                       |                     |               |             |                    | -                  |                 |                                        |                                          |                      |                    |                          |             |                         |                      |                |
| RX: 5994765 WHITLEY, M.D., JAMES P. MD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                                         | . E. 150      |                                       |                     |               |             | 等                  |                    |                 |                                        |                                          |                      |                    |                          |             | 1,5                     |                      | 337            |
| START - 07/30/2004 STOP - 01/25/2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Arrije jalob m                        |                                         | 7 199         |                                       |                     |               |             | 444                |                    |                 |                                        |                                          |                      |                    |                          | :8 :3       |                         |                      |                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | 4                                       |               | radi.                                 | ,<br>1-1            | i.<br>E. T    | i j         | us<br>Dinki        | 2 53<br>1 53       | Jan 1           | 11. ju<br>11. ju                       | 4.<br>44.14                              |                      | 8 137<br>11 A      |                          |             | 1                       |                      | 1              |
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| 사용 (12분) 전 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                         |               |                                       | 76                  |               |             |                    |                    |                 |                                        |                                          |                      | 20   4,70<br>  10  | 30.6.7                   | 13971 (12)  |                         |                      |                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ngan miji si na                       | 1 2                                     | 3 4           | 5                                     | S 7                 | 8             | 9 10        | \$\$ \$<br>1 4 1 6 | 2 13               | (4<br>1 - 11    | 15 1                                   | 5 1 <i>7</i><br>10 01                    | 13 1                 | 9 20<br>-1 6       | )<br>  21<br>  1         | 22 2        | 3 24                    | 25 2                 | 6 27 2<br>14 4 |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | All months of six                     |                                         | 1212          |                                       |                     | 144           |             | 1 1                |                    |                 |                                        |                                          |                      | 12 28<br>1 1000    |                          |             | 11                      |                      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | \$35 35 S                               | Sec.          |                                       |                     |               |             | TO THE             |                    |                 |                                        |                                          |                      | MS PAR             | 200                      | 3500        |                         |                      | 84 187         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | <br>                                    |               |                                       | PH 250              | 723           |             | 194,200            |                    | 1304            |                                        | SE 19880                                 |                      |                    | 3.5                      | 44. T.V     | 78 527                  |                      |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       | 1 2                                     |               | 5                                     | 6 7                 | 1776<br>8     | 9 10        | 15240              | 7900<br>12 13      | 14              | 15 1                                   | 94192777<br>8 17                         | 18                   | 19 20              | ) 21                     | 22 2        | 3 24                    | 25 2                 | 6 27           |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                       |                                         |               |                                       |                     | (8)27         |             |                    |                    |                 |                                        |                                          |                      | day y              |                          | 15          |                         | 18.5%                |                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | NAME OF STREET                        | 19 45 A                                 |               | SHARE                                 | (P) (P) (P)         | -35°          | 376         | 100                | (E) 1879           | V 1950 3        |                                        |                                          | 190 4 9              | 77 34              |                          | 770.5430    | 73 753                  | 57 F.                |                |
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| MEDICATIONS !                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | HOUR                                  |                                         |               |                                       |                     |               |             |                    |                    |                 |                                        |                                          |                      |                    |                          | en l        |                         |                      | 10 074         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | IRSE'S ORDERS                         | , MEDIC                                 | ATION         | NOTES                                 | , AND               | INST          |             |                    | N RE               | VERS            | E SID                                  | E<br>E                                   |                      |                    |                          |             |                         |                      |                |
| CHARTING FOR 01/01/2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | THROUGH                               |                                         |               |                                       | 01/3                |               |             |                    |                    |                 |                                        |                                          |                      |                    |                          |             |                         |                      |                |
| Physician WHITLEY, M.D., JAMES P<br>Alt. Physician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                       |                                         |               | ··                                    |                     |               |             | none i<br>lepho    |                    |                 |                                        | ,                                        |                      |                    |                          |             | -  M                    | edical               | Recor          |
| HONE KNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                       | <u> </u>                                | * 1.7         | · · · · · · · · · · · · · · · · · · · |                     | 14500         | 4 4 10      | oilitativ          | <del>ja je</del> j | 4,57            |                                        | 3.50                                     |                      |                    |                          | A Section   |                         |                      | 7.415          |
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| Diagnosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                       |                                         |               |                                       | 02 <b>/1</b> -00*   |               |             |                    |                    |                 |                                        | 5001-00-PA                               | Special section      | Sacr               | TOTAL WAY                | *********** | oznaz                   | . erdi eve e         |                |
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| ENALAPRIL (VASOTEC) 5MG TAB             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| TAKE 1 TABLET(S) BY MOUTH DAILY         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| RX: 5994765 WHITLEY, M.D., JAMES P, MD  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| HARTING FOR 12/01/2004                  | THROUGH 12/31/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| nysician WHITLEY, M.D., JAMES F         | Telephone No. Medical Reco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| ENALAPRIL (VASOTEC) 5MG TAB<br>TAKE 1 TABLET(S) BY MOUTH DAILY           | 1 30 Ree'd # 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7-29-04                                                                                       |                       |
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| RX: 5539332 WHITLEY, M.D., JAMES P.<br>START - 04/25/2004 STUP - 10/21/2 | The party of the p |                                                                                               |                       |
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| HARTING FOR 08/01/2004                                                   | NURSE'S ORDERS, MEDICATION NOTES, AND THROUGH 08/31/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                               |                       |
| nysician WHITLEY, M.D., JAMES P                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Telephone No.                                                                                 | Medical Rec           |
| t Physician  NINE KNOWN                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Alt Telephone                                                                                 |                       |
| lergies Pracoma                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Rehabilitative<br>Potential                                                                   |                       |
| agnosis                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                               |                       |
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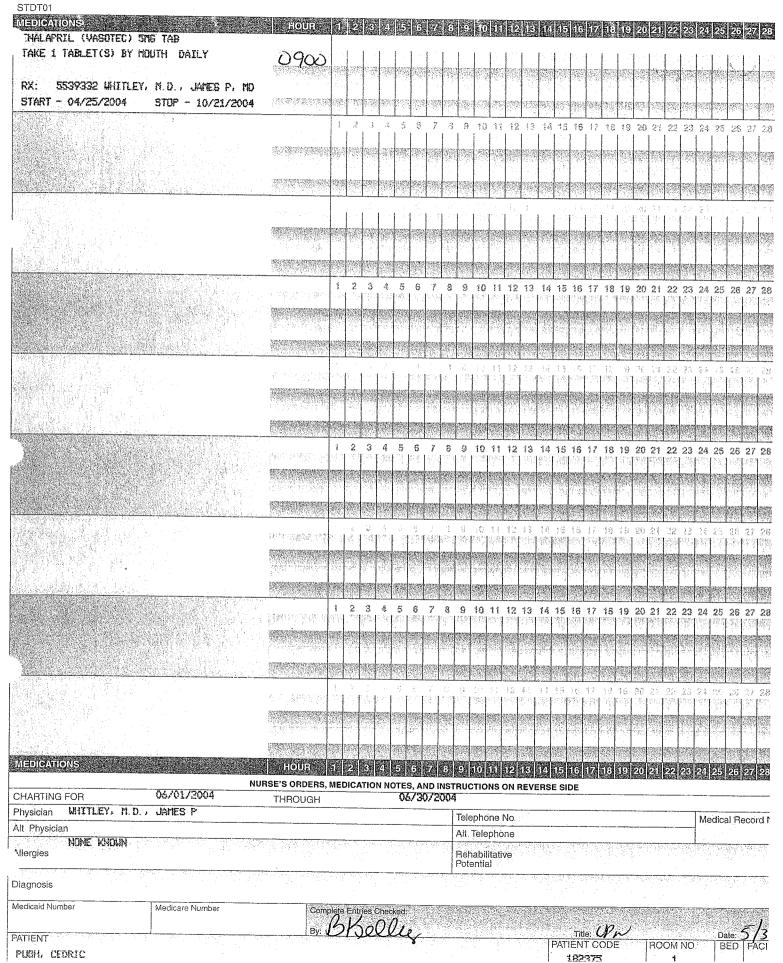
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| MEDICATIONS                                         |                  |                                 |                                                 |                         |
| NU                                                  |                  | N NOTES, AND INSTRUCTIONS ON RE | EVERSE SIDE                                     | 1 22 23 24 25 26 27 28  |
| CHARTING FOR 7-7-04 Physician                       | Mnitlem          | Telephone No.                   |                                                 | Medical Record N        |
| Alt. Physician                                      |                  | Alt. Telephone  Rehabilitative  |                                                 |                         |
| - NKA                                               |                  | Potential                       |                                                 |                         |
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| PATIENT 0                                           | By: U            | Im Bingha                       | Title: RO                                       | Date: 7-2               |
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| ENALAFRIL (VASOTEC)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | itti Top                                                                                                                                                                                                                                     | FIGUR 1 2 3 4 5                                    | 6 7 8 9 50 11 12 6                                     | X 14 15 16 77 58 19 1     | 0202232025262526            |
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| RX: 5539332 WHITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | hitly IMM A                                                                                                                                                                                                                                  | Cr.            |                                                        | 1311                      | 74                          |
| START - 04/25/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STOP - 10/21/2004                                                                                                                                                                                                                            |                                                    |                                                        | Sopius                    | 1-2-04 Cel                  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                              |                                                    |                                                        |                           |                             |
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| SMENIATIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NU                                                                                                                                                                                                                                           | HOURS SE 2 8 4 5 6                                 | 7/8 9 70 10 12 12 13                                   | 4 45 16 17 18 49 20       | 21 22 28 24 25 26 27 28     |
| CHARTING FOR Physician WHITLEY, M.D.,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ALL ATT TANA                                                                                                                                                                                                                                 | RSE'S ORDERS, MEDICATION NOTES, AI<br>THROUGH 07/3 | ND INSTRUCTIONS ON REVEI                               | RSE SIDE                  |                             |
| Alt. Physician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | JAMES F                                                                                                                                                                                                                                      |                                                    | Telephone No.                                          |                           | Medical Record No           |
| HENE KNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                              |                                                    | Alt Telephone Rehabilitative                           |                           |                             |
| Diagnosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                              |                                                    | Rehabilitative<br>Potential                            |                           |                             |
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| PATIENT ' PUGH, CEDRIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                              | - water                                            |                                                        | PATIENT CODE              | POOM NO BED FACILI          |
| And the second s |                                                                                                                                                                                                                                              |                                                    |                                                        | 182375                    | 1                           |

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| MEDICATIONS  A to Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1000 2 3 0 15 0 15 1 9 10 10 12 13 10 15 16 17 18 19 20 21 22 23 20 25 25 25 25 25                                          |
| Varater Smg Po<br>i gd x 180 dayp<br>4/23/04-19/28/04 Whitly                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 9a BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB                                                                                     |
| 4/23/04-19/23/04 Whitley                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                             |
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| State of the state | 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28                                                  |
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| MEDICATIONS:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 19 19 20 21 22 28 21 25 26 27 25 21 25 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| CHARTING FOR 5/1/0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | THROUGH 5/31/04                                                                                                             |
| Physician Whitly Alt Physician                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Telephone No. Medical Record N  Alt Telephone                                                                               |
| \lergies \(\chi\)\C\A\.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Rehabilitative Potential                                                                                                    |
| Diagnosis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                             |
| Medicaid Number Medicare Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Complete Entries Checked:                                                                                                   |
| PATIENT CODIC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | By:   Title:   Date:                                                                                                        |

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| Vasolec Sig + Po                                             | $oldsymbol{g}_{a}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Vasolec Sop + Po<br>gd x 180derp<br>4/23/04-19/23/04 whitly/ | k                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| MEDICATIONS                                                  | Helyri 1, 2, 3, 4, 5, 6, 7, 8, 69, 50, 11, 12, 13, 14, 15, 50, 17, 18, 12, 20, 21, 22, 23, 24, 25, 26, 27, 28, SE'S ORDERS MEDICATION MOSE AND ACTION MOSE AND |
| CHARTING FOR 4/104 Physician Whitley                         | SE'S ORDERS, MEDICATION NOTES, AND INSTRUCTIONS ON REVERSE SIDE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Alt. Physician 0                                             | Telephone No. Medical Record No. Alt. Telephone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Allergies NICA                                               | Rehabilitative<br>Potential                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Diagnosis  Medicare Number  Medicare Number                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                              | Complete Entres Checked:  By: 100 M/24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Patient Codi.                                                | By:   Title:   LP   Date:     135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |